

FILED SEP 11 1941

STANDARD CERTIFICATE OF DEATH

State File No. 29488

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 131

1. PLACE OF DEATH:

(a) County. SALINE

(b) City or town. MARSHALL  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community. Life  
years, months or days)

3. (a) PRINT FULL NAME Philip Lawrence Kessler

(b) If veteran, name war. \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex MALE ( ) race White

5. Color or race White

6. (a) Single, widowed, married, divorced Single ( )

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive. \_\_\_\_\_ years

7. Birth date of deceased. Feb 3 1939  
(Month) (Day) (Year)

8. AGE: Years 2 Months 6 Days 13 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace MARSHALL OMO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Aloys Kessler

13. Birthplace Warren Co OMO  
(City, town, or county) (State or foreign country)

14. Maiden name Madelaine Murray

15. Birthplace Windsor OMO  
(City, town, or county) (State or foreign country)

16. (a) Informant Aloys Kessler

(b) Address Marshall Mo.

17. (a) Burial (b) Date thereof Aug 16 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Sedalia Mo.

18. (a) Signature of funeral director Don Stort

(b) Address Marshall Mo.

19. (a) 8-16-41 (b) D. E. Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Saline

(c) City or town. Marshall  
(If outside city or town limits, write "RURAL")

(d) Street No. S Salt Pond  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1941 hour 9 minute 0 A. M.

21. I hereby certify that I attended the deceased from 8 to 10 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 200

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 7 days

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D. E. Kent (M. D. or other) \_\_\_\_\_  
Address Marshall Mo. Date signed 8/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7  
1  
2

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 9-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Don. Short*  
Licensed Embalmer No. *37-57*  
P. O. Address *Marshall, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.